## ATTACHMENT B



# OFFICE OF THE SECRETARY OF STATE

**JESSE WHITE** • Secretary of State

**DECEMBER 04, 2018** 

0715661-8

REGISTERED AGENT SOLUTIONS 901 S. 2ND ST., STE 201 SPRINGFIELD, IL 62704-0000

RE NGA 911, L.L.C.

#### **DEAR SIR OR MADAM:**

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. WE EXTEND OUR BEST WISHES FOR SUCCESS WITH YOUR BUSINESS HERE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF ADMISSION NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN A PENALTY AND REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

A LIMITED LIABILITY COMPANY THAT INTENDS TO PROVIDE A PROFESSIONAL SERVICE REGULATED BY THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION MUST REGISTER WITH THAT AGENCY.

PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

ONE SHOW

all also in

JESSE WHITE ILLINOIS SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY DIVISION (217) 524-8008

# Form **LLC-45.5**

May 2018

Secretary of State

Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State. If check is returned for any reason this filing will be void.

### Illinois Limited Liability Company Act

### Application for Admission to Transact Business

#### SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$150

Penalty: \$

Approved:

FILE #

This space for use by Secretary of State.

FILED

DEC 04 2018

JESSE WHITE SECRETARY OF STATE

				use in minois, in winch ca	
lurisdiction of organization	n: CALIFORNIA				
94					
Date of organization: 05	/17/2016				
				·	
Period of duration: Perpe	etual				• .
(Ente	r perpetual unless there is a	late of dissolution p	rovided in the agreement, in	which case enter that date.)	l .
Address of the principal p	place of business: (P.O. Bo	x alone or c/o is i	unacceptable.)		
0202		Malakisa	Divid	•	.00
			DIVU		Suite #
Beverly Hills		CA		90211	
City		State		ZIP	
Pegis	stered Agent Solutions	Inc			
Registered agent: 10090	First Name		Middle Name	Last Name	
(P.O. Box alone or c/o s unacceptable.)	Number		Street	Suite #	
	Springfield		IL	62704	
	Citv			ZIP	******
	Date of organization: 05.  Period of duration: Perport (Enter Address of the principal parts)  8383  Number  Beverly Hills  City  Registered agent: Registered office: (P.O. Box alone or c/o	(This item is only applicable if the LLC 1.20 must be completed and subtribution of organization:    CALIFORNIA	This item is only applicable if the company name in LLC 1.20 must be completed and submitted with this  Durisdiction of organization:  CALIFORNIA  Date of organization:  Perpetual (Enter perpetual unless there is a date of dissolution putched and submitted with this  Address of the principal place of business: (P.O. Box alone or c/o is a submitted with this  Number  Beverly Hills CA City State  Registered agent:  Registered Agent Solutions, Inc.  First Name  Registered office:  901  Number	(This item is only applicable if the company name in Item 1 is not available for LLC 1.20 must be completed and submitted with this application.)  Jurisdiction of organization:  CALIFORNIA  Date of organization:  Perpetual  (Enter perpetual unless there is a date of dissolution provided in the agreement, in Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)  8383  Wilshire Blvd  Number  Street  Beverly Hills  CA  City  Registered Agent Solutions, Inc.  First Name  Middle Name  Registered office:  901  S. 2nd Street  Street	(This item is only applicable if the company name in Item 1 is not available for use in Illinois, in which cal LLC 1.20 must be completed and submitted with this application.)  Jurisdiction of organization: CALIFORNIA  Date of organization: Perpetual  (Enter perpetual unless there is a date of dissolution provided in the agreement, in which case enter that date.)  Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)  8383 Wilshire Blvd 8  Number Street 5  Beverly Hills CA 90211  City State 7  Registered agent: Registered Agent Solutions, Inc.  First Name Middle Name Last Name  Registered office: 901 S. 2nd Street 201  (P.O. Box alone or c/o Number Street Suite #

#### LLC-45.5

9.	Purpose(s) for which the company is organized and proposes to conduct business in Illinois (see Note 2):							
	NGA 911 will offer interexchange telecommunications statewide. NGA 911 will offer 9-1-1 selective routing, switching, aggregation and call transport.							
	NGA 911intends to provide emergency call routing, transport, and related functionalities to state and municipal governmental agencies to support public service answering point (PSAP)							
10.	. The Limited Liability Company: (check one)							
	✓ is managed by the manager(s) or □ has management vested in the member(s):							
11.	List names and business addresses of all managers and any member with the authority of manager:							
	Don Ferguson 8383 Wilshire Blvd., Ste. 800, Beverly Hills, CA 90211							
	circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.  This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.							
14.	. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.							
	Dated: 12/3/2018 Month, Day, Year							
	Oor Jenou Der							
	Signature							
	Don Ferguson, Manager							
٠	Name and Title (type or print)							
	If applicant is signing for a company or other entity, state name of company or entity.							

Note 1: The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp." "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

**Note 2**: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

# State of California

# Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NGA 911, L.L.C.

FILE NUMBER: FORMATION DATE:

201614410609 05/17/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 28, 2018.

ALEX PADILLA
Secretary of State

### LLC-1

### **Articles of Organization** of a Limited Liability Company (LLC)

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

# 201614410609



**FILED** Secretary of State State of California MAY 1 7 2016 ()



	: Before submitting the completed to te attorney for advice about your spe		This Space For Office Use Only					
	For questions about	this form, go to www.sos.ca	.gov/business/be/filing-i	tips.htm.				
LLC	Name (List the proposed LLC name exact	atly as it is to appear on the records	s of the California Secretary	of State.)				
1	NGA 911, L.L.C.							
	Proposed LLC Name	The name must include: LLC, L.L Liability Co. or Ltd. Liability Compainc., corporation, or corp., insurrequirements and restrictions, go to	ny; and <mark>may not</mark> include: bar er, or insurance company.	ik, trust, truste For gener	ee, incorporated, ral entity name			
Purp	ose	Toquilotto and Tooklottono, go to			···········			
2	The purpose of the limited liability company may be organized under		<del>-</del>		limited liability			
LLC .	Addresses							
3	a. 4721 LAUREL CANYON BL	VD., SUITE 100	LOS ANGELES	CA	91607			
	Initial Street Address of Designated O	ffice in CA - Do not list a P.O. Box	City (no abbreviations)	State	Zip			
	b							
	Initial Mailing Address of LLC, if different	ent from 3a	City (no abbreviations)	State	Zip			
	service of process in case your LLC is sued. You may list any adult who lives in California. You may <b>not</b> list an LLC as the agent. <b>Do not</b> list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)  Agent's Name							
	b. 4721 LAUREL CANYON BL	VD., SUITE 100	LOS ANGELES	CA	91607			
	Agent's Street Address (if agent is not			State	Zip			
Mana	agement (Check only one.)							
(5)	The LLC will be managed by:							
Ŭ		ore Than One Manager	All Limited Liability C	ompany M	ember(s)			
	orm must be signed by each organizer. (8 1/2" x 11"). All attachments are made			and on star	idard letter-sized			
•		MIKE GALAM						
Orga	anizer - Sign here	Print your name h	nere					
Make o	heck/money order payable to: Secretary	of State B	y Mail	<u> </u>	rop-Off			
Upon fi	iling, we will return one (1) uncertified copy	of your filed Secret	ary of State	Secret	tary of State			
docum	ent for free, and will certify the copy upon I	request and Business Entitie	es, P.O. Box 944228	1500 11th	Street., 3rd Floor			

Sacramento, CA 94244-2280

payment of a \$5 certification fee.

Sacramento, CA 95814